

By the Committee on Children & Family Empowerment and
Representative Lacasa

1 A bill to be entitled
2 An act relating to program administration by
3 the Department of Children and Family Services;
4 amending s. 20.19, F.S.; providing additional
5 duties for the department's Office of Standards
6 and Evaluation with respect to measuring
7 standards of performance and to reports due to
8 the Legislature; providing duties of program
9 offices; requiring an evaluation and a report
10 from the Assistant Secretary for
11 Administration; revising requirements for the
12 department in procuring contracts for client
13 services and in establishing standards for the
14 delivery of those services; requiring the
15 department to procure certain services
16 competitively; authorizing the department to
17 develop rules relating to an alternative
18 competitive procurement process; allowing a
19 phase-in period for competitive procurement of
20 certain client services; authorizing deferral
21 of the competitive contracting process under
22 certain circumstances; limiting the duration of
23 such deferrals; providing intent that the
24 department enter multi-year contracts;
25 providing for procuring services from multiple
26 sources; requiring that certain provisions
27 relating to penalties be included in specified
28 contracts entered into by the department;
29 requiring that the department develop, and
30 incorporate into the department's Employee
31 Handbook, standards of conduct and a range of

1 disciplinary actions relating to certain staff
2 functions; requiring the department to assure
3 the accountability of each provider of client
4 services; providing duties of the Auditor
5 General and the Office of Program Policy
6 Analysis and Government Accountability;
7 providing for cancellation of contracts under
8 specified circumstances; providing for
9 department liens against certain property
10 constructed or renovated using state funds;
11 amending 394.74, F.S.; adding a provision that
12 contracts for services must be
13 performance-based; deleting an obsolete
14 requirement associated with cost-reimbursement
15 contracts; amending s. 394.76, F.S.;
16 authorizing performance-based contracts,
17 purchase-of-service contracts, and start-up
18 contracts; adding provisions for all types of
19 contracts; requiring an evaluation of the
20 contractor's performance; requiring the
21 department to provide training for staff in
22 negotiating contracts; requiring the department
23 to ensure certain assistance to staff who are
24 negotiating a contract; requiring the
25 department to create contract management units
26 at the district level; providing specifications
27 for these units; specifying the date by which
28 the contract management units must be in
29 operation; requiring the department to evaluate
30 contracting functions in the service districts;
31 requiring reports to the Legislature by the

1 department; authorizing the department to
2 exercise budget and personnel flexibility;
3 authorizing the department to transfer
4 specified funds from certain budget entities in
5 order to create certain staff positions;
6 requiring a report; creating s. 394.490, F.S.;
7 establishing guiding principles for the
8 children's mental health system; creating s.
9 394.4905, F.S.; providing definitions; creating
10 s. 394.491, F.S.; defining target populations
11 for children's mental health services; creating
12 s. 394.4915, F.S.; providing general
13 performance outcomes for the children's mental
14 health system; creating s. 394.492, F.S.;
15 directing the Department of Children and Family
16 Services and the Agency for Health Care
17 Administration to establish an information and
18 referral process; providing requirements;
19 creating s. 394.4925, F.S.; directing the
20 department, the agency, the Department of
21 Health, the Department of Education, and the
22 Department of Juvenile Justice to establish
23 uniform standards and protocols for screening,
24 assessment, and diagnosis; creating s. 394.493,
25 F.S.; providing for uniform assessment services
26 in the districts of the department; creating s.
27 394.4935, F.S.; providing for district
28 children's mental health services planning
29 teams; creating s. 394.494, F.S.; specifying
30 requirements for services plans and case
31 management; providing an administrative

1 penalty; creating s. 394.4945, F.S.; directing
2 the department to establish the children's
3 mental health system of care; providing minimum
4 programs and services; creating s. 394.495,
5 F.S.; providing definitions; establishing a
6 children's mental health provider qualification
7 process; providing for market rate
8 reimbursement and a purchase-of-services
9 system; creating s. 394.496, F.S.; providing
10 for Children's Mental Health Partnership
11 Grants; creating s. 394.497, F.S.; authorizing
12 department and agency contracts for services;
13 requiring an annual report; creating s.
14 394.499, F.S.; providing for rules and related
15 policy; authorizing application for federal
16 waivers; amending s. 411.203, F.S.; providing
17 for training for parents and caregivers;
18 amending s. 411.204, F.S.; correcting a cross
19 reference; repealing ss. 394.50, 394.56,
20 394.57, 394.58, 394.59, 394.60, 394.61, and
21 394.62, F.S., relating to children's
22 residential and day treatment centers,
23 voluntary and involuntary admission to such
24 centers, records, payment for care and
25 treatment of patients, transfer of patients,
26 discharge of voluntary patients, and age
27 limits; providing effective dates.

28
29 WHEREAS, it is the intent of the Legislature that the
30 Department of Children and Family Services achieve and
31 maintain accountability from all providers of client services

1 in order to assure a high level of quality and effectiveness
2 of those services, and

3 WHEREAS, it is further the intent of the Legislature
4 that the Office of Standards and Evaluation, in conjunction
5 with the program offices at the headquarters of the
6 department, play a central role in assuring that this
7 accountability is achieved and maintained, NOW, THEREFORE,

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9 Be It Enacted by the Legislature of the State of Florida:

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11 Section 1. Subsections (3), (4), and (5) of section
12 20.19, Florida Statutes, 1996 Supplement, are amended, present
13 subsections (16), (17), (18), (19), and (20) are redesignated
14 as subsections (17), (18), (19), (20), and (21), respectively,
15 and a new subsection (16) is added to that section, to read:

16 20.19 Department of Children and Family
17 Services.--There is created a Department of Children and
18 Family Services.

19 (3) OFFICE OF STANDARDS AND EVALUATION.--There is
20 created under the secretary the Office of Standards and
21 Evaluation which has the following responsibilities:

22 (a) With the assistance of the assistant secretaries,
23 district administrators, and health and human services boards,
24 establishing systems and strategies to evaluate performance in
25 achieving outcome measures and performance and productivity
26 standards related to service delivery, program and financial
27 administration, and support,~~and procedures.~~

28 (b) Directing the development of monitoring and
29 quality assurance systems for statewide and district services
30 that will routinely assess the efficiency and effectiveness of
31 departmental and provider staff and services.

1 (c) Validating the monitoring and quality assurance
2 activities of statewide and district service providers and
3 staff to ensure that these activities are being conducted
4 routinely and that corrective action is being taken to
5 eliminate deficiencies detected by these activities.

6 (d) Conducting evaluations, directly or by contract,
7 of programs and services provided by the department to
8 determine whether improvement in the condition of individuals,
9 families, and communities has occurred as a result of these
10 programs and services. The evaluations must include an
11 assessment of the short-term effects on individuals and
12 families and the long-term effects on communities and the
13 state. Outcome evaluation studies shall be conducted in
14 response to priorities determined by the department and the
15 Legislature and to the extent that funding is provided by the
16 Legislature.

17 (e) Consulting with the inspector general to ensure
18 the integrity of the monitoring and evaluation process and the
19 validity of the data derived from these activities.

20 (f) Developing procedures for the competitive
21 procurement of external evaluations, including detailed
22 specifications for all evaluation contracts.

23 (g) Developing the budget for the department's
24 evaluation efforts and identifying future evaluation needs,
25 including infrastructure needs to support the outcome
26 evaluation function.

27 (h) Evaluating and reporting to the Legislature,
28 beginning December 31, 1998, and by October 31 of each
29 subsequent year, on the following issues:
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1 1. The effectiveness of the department's performance
2 contracting system in accomplishing program outcomes and
3 supporting statewide quality assurance systems.

4 2. The adequacy of resources and internal controls
5 used by each program and service district to ensure
6 effectiveness and quality of client services provided through
7 standard contracts and other agreements.

8 3. The effectiveness and quality of contracted
9 services for each client target group, as determined by annual
10 performance reporting and results of quality assurance
11 monitoring.

12 4. The status of the department's progress in
13 complying with the provisions of this act, including the work
14 of the contract evaluation teams established pursuant to
15 paragraph (9)(g).

16 ~~(i)(h)~~ Such other duties relating to evaluation as may
17 be assigned to the Office of Standards and Evaluation by the
18 secretary.

19 (4) PROGRAM OFFICES.--

20 (a) There are created program offices, each of which
21 shall be headed by an assistant secretary who shall be
22 appointed by and serve at the pleasure of the secretary. Each
23 program office shall have the following responsibilities:

24 1. Ensuring that family services programs are
25 implemented according to legislative intent and as provided in
26 state and federal laws, rules, and regulations.

27 2. Establishing program standards and performance
28 objectives.

29 3. Reviewing, monitoring, and ensuring compliance with
30 statewide standards and performance measures ~~objectives~~.

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- 1 4. Providing general statewide supervision of the
2 administration of service programs, including, but not limited
3 to:
4 a. Developing and coordinating training for service
5 programs.
6 b. Coordinating program research.
7 c. Identifying statewide program needs and
8 recommending solutions and priorities.
9 d. Providing technical assistance for the
10 administrators and staff of the service districts.
11 e. Assisting district administrators in staff
12 development and training.
13 f. Monitoring service programs to ensure program
14 quality among service districts.~~Conducting outcome~~
15 ~~evaluations and ensuring program effectiveness.~~
16 5. Developing workload and productivity standards.
17 6. Developing resource allocation methodologies.
18 7. Compiling reports, analyses, and assessment of
19 client needs on a statewide basis.
20 8. Ensuring the continued interagency collaboration
21 with the Department of Education for the development and
22 integration of effective programs to serve children and their
23 families.
24 9. Other duties as are assigned by the secretary.
25 (b) The following program offices are established and
26 may be consolidated, restructured, or rearranged by the
27 secretary; provided any such consolidation, restructuring, or
28 rearranging is for the purpose of encouraging service
29 integration through more effective and efficient performance
30 of the program offices or parts thereof:
31

1 1. Economic Self-Sufficiency Program Office.--The
2 responsibilities of this office encompass income support
3 programs within the department, such as temporary assistance
4 to families with dependent children, food stamps, welfare
5 reform, and state supplementation of the supplemental security
6 income (SSI) program.

7 2. Developmental Services Program Office.--The
8 responsibilities of this office encompass programs operated by
9 the department for developmentally disabled persons.
10 Developmental disabilities include any disability defined in
11 s. 393.063.

12 3. Children and Families Program Office.--The
13 responsibilities of this program office encompass early
14 intervention services for children and families at risk;
15 intake services for protective investigation of abandoned,
16 abused, and neglected children; interstate compact on the
17 placement of children programs; adoption; child care;
18 out-of-home care programs and other specialized services to
19 families; and child protection and sexual abuse treatment
20 teams created under chapter 415.

21 4. Alcohol, Drug Abuse, and Mental Health Program
22 Office.--The responsibilities of this office encompass all
23 alcohol, drug abuse, and mental health programs operated by
24 the department.

25 (5) ASSISTANT SECRETARY FOR ADMINISTRATION.--

26 (a) The secretary shall appoint an Assistant Secretary
27 for Administration who serves at the pleasure of the
28 secretary. The Assistant Secretary for Administration is
29 responsible for:

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1 1. Supervising all of the budget management activities
2 of the department and serving as the chief budget officer of
3 the department.

4 2. Providing administrative and management support
5 services above the district level.

6 3. Monitoring administrative and management support
7 services in the districts.

8 4. Developing and implementing uniform policies,
9 procedures, and guidelines with respect to personnel
10 administration, finance and accounting, budget, grants
11 management and disbursement, contract administration,
12 procurement, information and communications systems,
13 management evaluation and improvement, and general services,
14 including housekeeping, maintenance, and leasing of
15 facilities.

16 5. Performing such other administrative duties as are
17 assigned by the secretary.

18 (b) If reductions in a district's operating budget
19 become necessary during any fiscal year, the department shall
20 develop a formula to be used in its recommendations to the
21 Governor and Legislature which does not disproportionately
22 reduce a district's operating budget because of voluntary
23 county appropriations to department programs.

24 (c) The Assistant Secretary for Administration shall
25 evaluate and report to the Legislature by July 1, 1998, and
26 annually thereafter, on the methods used by each program to
27 ensure the fiscal accountability of each provider of client
28 services with whom the department contracts.

29 (d) The Assistant Secretary for Administration shall
30 evaluate the administrative operations of the districts, and
31 may require that districts develop and submit corrective

1 action plans in those areas that do not conform to the
2 department's uniform operating procedures.

3 (16) CONTRACTING AND PERFORMANCE STANDARDS.--

4 (a) The department will establish performance
5 standards for all contracted client services. Notwithstanding
6 the provisions of s. 287.057(3)(f), the department must
7 competitively procure any contract for client services when
8 any of the following occurs:

9 1. The provider fails to meet performance standards
10 established by the department after the provider has been
11 given a reasonable opportunity to achieve the established
12 standards.

13 2. A new program or service has been authorized and
14 funded by the Legislature and the annual value of the contract
15 is \$300,000 or more.

16 3. A program or service is expanded based on an
17 increased appropriation of more than 10 percent above the
18 prior year's appropriation for that program or service and the
19 annual value of the contract is \$300,000 or more.

20 4. In all contracts, other than those with
21 governmental entities or special districts as defined in s.
22 189.402, for which the annual dollar value exceeds \$500,000
23 and the contract has been with the same service provider for 3
24 years or more.

25 (b) The department may phase in the implementation of
26 competitive procurement for client services contracts that
27 exceed \$300,000 in annual contract value over a 3-year period,
28 to begin January 1, 1998. The department shall accomplish the
29 phase-in by determining which contracts must be competitively
30 procured to comply with this section and shall competitively
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1 procure one-third of the contracts during each of the
2 subsequent 3 years.

3 (c) The competitive requirements of paragraph (a) must
4 be initiated for each contract that meets the criteria of this
5 subsection within the time limits set forth in paragraph (b),
6 unless the secretary makes a written determination that
7 particular facts and circumstances require deferral of the
8 competitive process. Facts and circumstances must be
9 specifically described for each individual contract proposed
10 for deferral and must include one or more of the following:

11 1. An immediate threat to health, safety, or welfare
12 of the department's clients;

13 2. A threat to appropriate use or disposition of
14 facilities that have been financed in whole, or substantially
15 in part, through contracts or agreements with a state agency;
16 or

17 3. A threat to the service infrastructure of a
18 community which could endanger the well-being of the
19 department's clients.

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21 Under no circumstances may competition be deferred for longer
22 than 3 years beyond the time limits set forth in paragraph
23 (b), nor shall deferral be used to circumvent the intent of
24 paragraph (b).

25 (d) The Legislature intends for the department to
26 obtain services in the manner that is most cost-effective for
27 the state, in the manner that provides the greatest long-term
28 benefits to the clients receiving services, and in the manner
29 that minimizes the disruption of client services. In order to
30 meet these legislative goals, the department may adopt rules
31 providing procedures for the competitive procurement of

1 contracted client services which represent an alternative to
2 the request-for-proposal or the invitation-to-bid process. The
3 alternative competitive procedures shall permit the department
4 to solicit professional qualifications from prospective
5 providers and to evaluate such statements of qualification
6 before requesting service proposals. The department may limit
7 the firms invited to submit service proposals to only those
8 firms that have demonstrated the highest level of professional
9 capability to provide the services under consideration, but
10 may not invite fewer than three firms to submit service
11 proposals, unless fewer than three firms submitted
12 satisfactory statements of qualification. The alternative
13 procedures must, at a minimum, allow the department to
14 evaluate competing proposals and select the proposal that
15 provides the greatest benefit to the state while considering
16 the quality of the services, dependability and integrity of
17 the provider, dependability of the provider's services, the
18 experience of the provider in serving target populations or
19 client groups substantially identical to members of the target
20 population for the contract in question, and the ability of
21 the provider to secure local funds to support the delivery of
22 services, including, but not limited to, funds derived from
23 county governments. These alternative procedures need not
24 conform to the requirements of s. 287.042 or s. 287.057(1) or
25 (2).

26 (e) The department shall review the period for which
27 it executes contracts and, to the greatest extent practicable,
28 shall execute multi-year contracts to make the most efficient
29 use of the resources devoted to contract processing and
30 execution.

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1 (f) When it is in the best interest of a defined
2 segment of its consumer population, the department may
3 competitively procure and contract for systems of treatment or
4 service that involve multiple providers, rather than procuring
5 and contracting for treatment or services separately from each
6 participating provider. The department must ensure that all
7 providers that participate in the treatment or service system
8 meet all applicable statutory, regulatory, service quality,
9 and cost-control requirements. If other governmental entities
10 or units of special purpose government contribute local match
11 to the support of a given system of treatment or service, the
12 department shall formally request information from those
13 funding entities in the procurement process and shall take
14 such information as is received from those funding entities
15 into account in the selection process. The department may also
16 involve nongovernmental funding entities in the procurement
17 process when appropriate.

18 (g) The department may contract for or provide
19 assessment and case management services independently of
20 treatment services.

21 (h) The department shall adopt, by rule, provisions
22 for including in its contracts incremental penalties to be
23 imposed by its contract managers on a service provider due to
24 the provider's failure to comply with a requirement for
25 corrective action. Any financial penalty that is imposed upon
26 a provider may not be paid from funds being used to provide
27 services to clients, nor shall the provider reduce the amount
28 of services being delivered to clients as a method for
29 offsetting the impact of the penalty. If a financial penalty
30 is imposed upon a provider that is a corporation, the
31 department shall notify, at a minimum, the board of directors

1 of the corporation. The department may notify, at its
2 discretion, any additional parties besides the board of
3 directors which the department believes may be helpful in
4 obtaining the corrective action that is being sought. Further,
5 the rules adopted by the department must include provisions
6 that permit the department to deduct the financial penalties
7 from funds that would otherwise be due to the provider, not to
8 exceed 10 percent of the amount that otherwise would be due to
9 the provider for the period of noncompliance. If the
10 department imposes a financial penalty, it shall advise the
11 provider in writing of the cause for the penalty. A failure to
12 include such deductions in a request for payment constitutes a
13 ground for the department to reject that request for payment.
14 The additional remedies identified in this paragraph shall not
15 be construed to limit or restrict the department's application
16 of any other remedy available to it in the contract or under
17 law. The additional remedies described in this paragraph may
18 be cumulative and may be assessed upon each separate failure
19 to comply with instructions from the department to complete
20 corrective action.

21 (i) The department shall develop standards of conduct
22 and a range of disciplinary actions for its employees which
23 are specifically related to carrying out contracting
24 responsibilities, and shall incorporate the standards and
25 disciplinary actions in its Employee Handbook by December 31,
26 1997.

27 (j) The department must implement systems and controls
28 to ensure financial integrity and service provision quality in
29 the developmental services Medicaid waiver service system no
30 later than December 31, 1997. The Auditor General is directed
31 to include specific reference to systems and controls related

1 to financial integrity in the developmental services Medicaid
2 waiver service system in his audit of the department for
3 fiscal year 1997-1998, and for all subsequent fiscal years.
4 The Office of Program Policy Analysis and Government
5 Accountability is directed to conduct a review of the
6 department's systems and controls related to service provision
7 quality in the developmental services Medicaid waiver service
8 system and submit a report to the Legislature by December 31,
9 1998.

10 (k) If a provider fails to meet the performance
11 standards established in the contract, the department may
12 allow a reasonable period for the provider to correct
13 performance deficiencies. If performance deficiencies are not
14 resolved to the satisfaction of the department within the
15 prescribed time, and if no extenuating circumstances can be
16 documented by the provider to the department's satisfaction,
17 the department must cancel the contract with the provider. The
18 department may not enter a new contract with that same
19 provider for the services for which the contract was
20 previously canceled for a period of at least 24 months after
21 the date of cancellation.

22 (l) The department shall file a lien against the
23 property where facilities are located that have been
24 constructed or substantially renovated, in whole or in part,
25 through the use of state funds. The lien must be recorded in
26 the county where the property is located upon the execution of
27 the contract authorizing such construction or renovation. The
28 lien must specify that the department has a financial interest
29 in the property equal to the pro rata portion of the state's
30 original investment of the then-fair-market value for
31 renovations, or the proportionate share of the cost of the

1 construction. The lien must also specify that the department's
2 interest is proportionately reduced and subsequently vacated
3 over a 20-year period of depreciation. The contract must
4 include a provision that, as a condition of receipt of state
5 funding for this purpose, the provider agrees that, if it
6 disposes of the property before the department's interest is
7 vacated, the provider will refund the proportionate share of
8 the state's initial investment, as adjusted by depreciation.

9 Section 2. Subsections (2) and (3) of section 394.74,
10 Florida Statutes, are amended to read:

11 394.74 Contracts for provision of local alcohol, drug
12 abuse, and mental health programs.--

13 (2) Contracts for service shall be performance-based
14 and consistent with the approved district plan and the service
15 priorities established in s. 394.75(4).

16 (3) Contracts shall include, but are not limited to:

17 (a) A provision that, within the limits of available
18 resources, primary care alcohol, drug abuse, and mental health
19 services shall be available to any individual residing or
20 employed within the service area, regardless of ability to pay
21 for such services, current or past health condition, or any
22 other factor;

23 (b) A provision that such services be available with
24 priority of attention being given to individuals who exhibit
25 symptoms of chronic or acute alcoholism, drug abuse, or mental
26 illness and who are unable to pay the cost of receiving such
27 services;

28 (c) A provision that every reasonable effort to
29 collect appropriate reimbursement for the cost of providing
30 alcohol, drug abuse, and mental health services to persons
31 able to pay for services, including first-party payments and

1 third-party payments, shall be made by facilities providing
2 services pursuant to this act; and

3 ~~(d) A program description and line-item operating~~
4 ~~budget by program service component for alcohol, drug abuse,~~
5 ~~and mental health services, provided the entire proposed~~
6 ~~operating budget for the service provider will be displayed;~~
7 ~~and~~

8 ~~(d)(e)~~ A requirement that the contractor must conform
9 to department rules and the priorities established thereunder.

10 Section 3. Subsection (3) of section 394.76, Florida
11 Statutes, is amended to read:

12 394.76 Financing of district programs and
13 services.--If the local match funding level is not provided in
14 the General Appropriations Act or the substantive bill
15 implementing the General Appropriations Act, such funding
16 level shall be provided as follows:

17 (3) The state share of financial participation shall
18 be determined by the following formula:

19 (a) Except as provided in s. 394.495, for
20 performance-based contracts and purchase-of-service contracts,
21 the state must purchase units of services or outcomes at a
22 per-unit rate. The state rate must be a negotiated rate not to
23 exceed the state model rate and model rates must be
24 reevaluated biennially. At a minimum, financial rules must
25 address a chart of accounts for state reporting and auditing
26 and programmatic rules must address performance outcomes,
27 including client satisfaction and functional assessments,
28 service protocols, quality assurance standards, and service
29 standards.

30 (b) For start-up contracts, the state shall reimburse
31 actual expenditures made in accordance with contract

1 specifications that include a description of services to be
2 provided and a detailed line-item budget.

3
4 All contracts for client services must provide for an
5 evaluation of the contractor's performance. The evaluation
6 must be based on contractually agreed-upon outcome performance
7 standards that measure the effectiveness of the services
8 provided. The state share of approved program costs shall be
9 a percentage of the net balance determined by deducting from
10 the total operating cost of services and programs, as
11 specified in s. 394.675(1), those expenditures which are
12 ineligible for state participation as provided in subsection
13 (7) and those ineligible expenditures established by rule of
14 the department pursuant to s. 394.78.

15 (c)(b) Residential and case management services which
16 are funded as part of a deinstitutionalization project shall
17 not require local matching funds and shall not be used as
18 local matching funds. The state and federal financial
19 participation portions of Medicaid earnings pursuant to Title
20 XIX of the Social Security Act, except for the amount of
21 general revenue equal to the amount appropriated in 1985-1986
22 plus all other general revenue that is shifted from any other
23 alcohol, drug abuse, and mental health appropriation category
24 after fiscal year 1986-1987, shall not require local matching
25 funds and shall not be used as local matching funds. Local
26 matching funds are not required for general revenue
27 transferred by the department into alcohol, drug abuse, and
28 mental health appropriations categories during a fiscal year
29 to match federal funds earned from Medicaid services provided
30 for mental health clients in excess of the amounts initially
31 appropriated. Funds for children's services which were

1 provided through the Children, Youth, and Families Services
2 budget which did not require local match prior to being
3 transferred to the Alcohol, Drug Abuse, and Mental Health
4 Services budget shall be exempt from local matching
5 requirements. All other contracted community alcohol and
6 mental health services and programs, except as identified in
7 s. 394.457(3), shall require local participation on a 75-to-25
8 state-to-local ratio.

9 (d)~~(c)~~ The expenditure of 100 percent of all
10 third-party payments and fees shall be considered as eligible
11 for state financial participation if such expenditures are in
12 accordance with subsection (7) and the approved district plan.

13 (e)~~(d)~~ Fees generated by residential and case
14 management services which are funded as part of a
15 deinstitutionalization program and do not require local
16 matching funds shall be used to support program costs approved
17 in the district plan.

18 (f)~~(e)~~ Any earnings pursuant to Title XIX of the
19 Social Security Act in excess of the amount appropriated shall
20 be used to support program costs approved in the district
21 plan.

22 Section 4. (1) The Department of Children and Family
23 Services shall take steps to ensure that department contracts
24 are negotiated in a manner that assures that the state's
25 interests are well represented. In order to make this
26 assurance, the department must request voluntary assistance
27 from outside entities, including, but not limited to, other
28 state agencies, to provide training for departmental employees
29 who negotiate contracts. Further, employees who negotiate
30 contracts must have available to them other department
31 employees who have expertise in legal and fiscal matters and

1 employees who are especially skilled in conducting contract
2 negotiations, to ensure that the interests of the state are
3 well represented.

4 (2) The department shall create contract management
5 units at the district level which must be staffed by
6 individuals who are specifically trained to perform the
7 functions related to contract management. The contract
8 management units are responsible for monitoring the
9 programmatic and administrative performance of the
10 department's contracts for client services and shall report to
11 the appropriate district administrator. To the greatest extent
12 possible, the members of the contract management units shall
13 be career service employees who are assigned to the same pay
14 grade. The contract management units shall be in operation
15 throughout the state no later than March 1, 1998.

16 (3) The department shall evaluate the effectiveness
17 and efficiency of contracting functions in each service
18 district and report to the Legislature by December 15, 1998.
19 For districts where contracting functions have been
20 centralized for at least 12 months, the department shall
21 report on the effectiveness of such centralization. For
22 districts that elected not to centralize contracting
23 functions, the report must include the reasons for that
24 decision and the steps a district has taken to improve
25 contracting within the district.

26 Section 5. (1) (1) It is critical that the
27 Department of Children and Family Services have an adequate
28 number and quality of staff to ensure the effective
29 negotiation and management of contracts for client services.
30 The Legislature intends that the department be permitted to
31 have limited flexibility to use funds for improving contract

1 negotiation, contract management, oversight, quality
2 assurance, training, and other related activities. To this
3 end, effective October 1, 1997, the department may transfer up
4 to 0.25 percent of the total funds from categories used to pay
5 for contractually provided client services of any budget
6 entity within the department. Such transfer may not exceed a
7 total of \$3 million in any fiscal year. When necessary, the
8 department may establish, in accordance with s. 216.177,
9 Florida Statutes, additional positions that will be
10 exclusively devoted to these functions. Any positions required
11 under this provision may be established notwithstanding the
12 provisions of ss. 216.262(1)(a) and 216.351, Florida Statutes.

13 (2) The department must report to the Legislature by
14 July 1, 1999, on the impact of this section. This report must,
15 at a minimum, include quantifiable evidence demonstrating that
16 the department is able to provide additional client services
17 within the same appropriation through improved ability to
18 negotiate and manage contracts.

19 (2) This section shall take effect October 1, 1997.

20 Section 6. Effective July 1, 1997, sections 394.490
21 through 394.499, Florida Statutes, are designated as part III
22 of chapter 394, entitled "Children's Mental Health."

23 Section 7. Effective July 1, 1997, section 394.490,
24 Florida Statutes, is created to read:

25 394.490 Guiding principles for the children's mental
26 health system.--It is the intent of the Legislature that the
27 following principles guide the development and implementation
28 of the children's mental health system funded by the state.

29 (1) The system should be child-centered, with the
30 needs of the child and family dictating the types and mix of
31 services provided.

- 1 (2) The system of care should be community-based, with
2 the locus of services, as well as management and
3 decisionmaking responsibility, resting at the community level.
4 (3) The system should provide access to a
5 comprehensive array of competitive and cost-effective
6 services.
7 (4) Children receiving services should receive
8 individualized services in accordance with the unique needs
9 and potentials of each child and guided by an individualized
10 case plan.
11 (5) Services should target known risk factors
12 identified by assessment.
13 (6) Children should receive services within the least
14 restrictive, most normal environment that is clinically
15 appropriate.
16 (7) The families and surrogate families of children
17 should be full participants in all aspects of the planning and
18 delivery of services.
19 (8) Children should receive services that are
20 integrated and linked with schools and other agencies and
21 programs.
22 (9) Children should be provided with case management
23 to ensure that multiple services are delivered in a
24 coordinated manner, so that the children can move through the
25 system of services in accordance with their changing needs.
26 (10) Early identification and intervention for
27 children with mental health problems should be promoted by the
28 system of care in order to enhance the likelihood of positive
29 outcomes.
30
31

1 (11) Children should be ensured smooth transitions to
2 the adult services system, if there is a need for continued
3 services.

4 (12) Children should receive effective services, so
5 that the need for further services and government assistance
6 can end as quickly as possible.

7 Section 8. Effective July 1, 1997, section 394.4905,
8 Florida Statutes, is created to read:

9 394.4905 Definitions.--As used in this part:

10 (1) "Department" means the Department of Children and
11 Family Services.

12 (2) "Diagnosis" means a clinical determination of
13 mental illness, as defined in the DSM IV, made by a mental
14 health care professional licensed pursuant to chapter 458,
15 chapter 459, chapter 490, or chapter 491.

16 (3) "DSM IV" means the Diagnostic and Statistical
17 Manual of Mental Disorders, fourth edition, or subsequent
18 editions.

19 Section 9. Effective July 1, 1997, section 394.491,
20 Florida Statutes, is created to read:

21 394.491 Target populations for children's mental
22 health services funded through the department.--The children's
23 mental health system of care funded through the Department of
24 Children and Family Services shall serve, in priority order,
25 to the extent the resources are available, the following
26 target populations:

27 (1) Children under 18 years of age with a serious
28 emotional disturbance, emotional disturbance, or mental
29 illness, who are living at home under court-ordered
30 supervision. The child must be diagnosed with a mental,
31 emotional, or behavioral disorder of sufficient duration to

1 meet one of the diagnostic categories specified in the DSM IV
2 and must have recently exhibited behavior indicating a
3 functional impairment that interferes with or limits the
4 child's role or functioning in family, school, or community
5 activities.

6 (2) Children under 18 years of age with a serious
7 emotional disturbance, emotional disturbance or mental
8 illness, who are in state custody. The child must be diagnosed
9 with a mental, emotional, or behavioral disorder of sufficient
10 duration to meet one of the diagnostic categories specified in
11 the DSM IV and must have recently exhibited behavior
12 indicating a functional impairment that interferes with or
13 limits the child's role or functioning in family, school, or
14 community activities.

15 (3) Children 12 years of age and under with a serious
16 emotional disturbance, emotional disturbance, or mental
17 illness, who are living at home and are not under
18 court-ordered supervision or in state custody.

19 (a) The child must be diagnosed with a mental,
20 emotional, or behavioral disorder of sufficient duration to
21 meet one of the diagnostic categories specified in the DSM IV
22 and must have recently exhibited behavior indicating a
23 functional impairment that interferes with or limits the
24 child's role or functioning in family, school, or community
25 activities.

26 (b) The child's family income must be equal to or
27 below 150 percent of the current federal poverty guidelines.

28 (4) Children under 18 years of age and over 12 years
29 of age with a serious emotional disturbance, emotional
30 disturbance, or mental illness, who are living at home and are
31 not under court-ordered supervision or in state custody.

1 (a) The child must be diagnosed with a mental,
2 emotional, or behavioral disorder of sufficient duration to
3 meet one of the diagnostic categories specified in the DSM IV
4 and must have recently exhibited behavior indicating a
5 functional impairment that interferes with or limits the
6 child's role or functioning in family, school, or community
7 activities.

8 (b) The child's family income must be equal to or
9 below 150 percent of the current federal poverty guidelines.

10 (5) Children 12 years of age and under who are at risk
11 of an emotional disturbance or mental illness, and who are
12 living at home and going to school and are not in state
13 custody. For purposes of this subsection, "at risk of an
14 emotional disturbance or mental illness" means at such risk
15 due to certain factors, including, but not limited to, the
16 following events: homelessness; family history of mental
17 health; physical or sexual abuse or neglect; alcohol or other
18 substance abuse; HIV infection; chronic and serious physical
19 or developmental disability or illness; domestic violence; and
20 multiple out-of-home placements.

21 (6) Nothing in this section or this part shall be
22 construed to preclude the delivery of mental health screening,
23 diagnosis, and treatment services to Medicaid-eligible
24 children as required under federal law and regulations.
25 However, to the extent allowable by federal regulations,
26 children's mental health services funded pursuant to part IV
27 of this chapter and s. 409.906(5) and (8) shall be subject to
28 the provisions of this part.

29 Section 10. Effective July 1, 1997, section 394.4915,
30 Florida Statutes, is created to read:

31

1 394.4915 General performance outcomes for the
2 children's mental health system.--

3 (1) It is the intent of the Legislature that the
4 children's mental health system achieve the following
5 performance outcomes within the target population eligible for
6 services from the state:

7 (a) Stabilization or improvement of the child's
8 behavior or condition in the family, so that the child may
9 function in the family with minimum support, minimum
10 government intrusion, or no government intrusion.

11 (b) Stabilization or improvement of the child's
12 behavior or condition related to school, so that the child may
13 function in the school with minimum support, minimum
14 government intrusion, or no government intrusion.

15 (c) Stabilization or improvement of the child's
16 behavior or condition related to the way the child interacts
17 in the community, so that a child may avoid violence,
18 substance abuse, unintended pregnancy, delinquency, sexually
19 transmitted diseases, or other negative consequences.

20 (2) On an annual basis pursuant to s. 216.0166, the
21 department shall develop more specific performance outcomes
22 and performance measures to assess the children's mental
23 health system performance in achieving this intent.

24 Section 11. Effective July 1, 1997, section 394.492,
25 Florida Statutes, is created to read:

26 394.492 Information and referral.--

27 (1) The department shall establish, in each district,
28 a children's mental health resource and referral network. It
29 is the intent of the Legislature that in the development of
30 this service, preference be given to using already established
31 information and referral services or hotlines.

1 (2) The department and the Agency for Health Care
2 Administration shall establish a protocol for the information
3 and referral process.

4 (a) The protocol shall establish procedures and
5 criteria to refer a child to screening, assessment, a
6 provider, or emergency services, depending on the
7 circumstances, eligibility for services, the child's need, and
8 other factors presented.

9 (b) Children in need of emergency intervention
10 services shall be treated in accordance with provisions of
11 part I.

12 (3) The information and referral provider shall be
13 selected based on a request for proposals and shall not be
14 affiliated with any provider of services.

15 (4) Upon selection, the agency selected shall operate
16 the resource and referral service for 3 years, after which
17 time the department shall issue another request for proposals.
18 Agencies previously selected for the operation of the resource
19 and referral function are not precluded from submitting a bid
20 to continue providing the resource and referral service.
21 Information and referral agencies shall provide the following
22 services:

23 (a) Identification of existing children's mental
24 health services and the development of a resource file of
25 those services. The existing services may include, but are not
26 limited to:

- 27 1. Prevention.
- 28 2. Early Intervention.
- 29 3. Home-based services.
- 30 4. School-based services.
- 31 5. Respite.

- 1 6. Outpatient treatment.
2 7. Day treatment.
3 8. Crisis stabilization.
4 9. Therapeutic homes.
5 10. Specialized therapeutic foster homes.
6 11. Residential treatment.
7 12. Inpatient hospitalization.
8 (b) The resource file shall include, but not be
9 limited to:
10 1. Type of program.
11 2. Hours of service.
12 3. Ages of children served.
13 4. Number of children served.
14 5. Significant program information.
15 6. Fees and eligibility for services.
16 (5) The information and referral process must contain
17 the following elements:
18 (a) A well-advertised central telephone number that
19 parents may call for information concerning children's mental
20 health services.
21 (b) A community public service campaign to inform the
22 public about the information and referral service.
23 (6) The information and referral process shall be
24 provided with full recognition of the confidentiality rights
25 of parents.
26 (7) An information and referral agency shall maintain
27 ongoing documentation of requests for services, compiled
28 through the internal referral process. The following
29 documentation of requests for services shall be maintained, at
30 a minimum, by all information and referral agencies:
31

1 (a) Number of calls to the information and referral
2 agency component, by type of service requested.

3 (b) Ages of children for whom services were requested.

4 (c) The type of referral made by the agency.

5 (8) The information and referral provider shall
6 provide the department and the Agency for Health Care
7 Administration with periodic management reports that allow
8 analysis of sources and frequency of requests for information,
9 types and frequency of services requested, types and frequency
10 of referrals made, and other information as determined by the
11 department and the Agency for Health Care Administration.

12 Section 12. Effective July 1, 1997, section 394.4925,
13 Florida Statutes, is created to read:

14 394.4925 Uniform standards and protocols for
15 screening, assessment, and diagnosis.--

16 (1) The department, the Agency for Health Care
17 Administration, the Department of Health, the Department of
18 Education, and the Department of Juvenile Justice shall
19 establish uniform standards and protocols for the screening,
20 assessment, and diagnosis of children with a serious emotional
21 disturbance or an emotional disturbance who receive:

22 (a) Mental health services through the department
23 using state funds.

24 (b) Mental health services through Medicaid.

25 (c) Mental health services through the school system
26 or exceptional education services.

27 (d) Mental health services through the Department of
28 Juvenile Justice.

29 (2) The protocol shall establish procedures and
30 include criteria for agencies to determine which children are
31

1 appropriate for screening, for further assessments, or for
2 other diagnostic procedures.

3 (3) The protocol shall establish procedures and
4 include criteria to refer a child to a services planning team,
5 case management, a provider, or emergency services, depending
6 on the information gathered through the screening and
7 assessment process, eligibility for services, the child's
8 need, and other factors presented.

9 (4) Children in need of mental health services who do
10 not meet the criteria for referral to a services planning team
11 or case management may be referred directly for needed
12 services. These direct referrals from assessment shall include
13 a clear recommendation for the most appropriate provider,
14 duration, and frequency of services and the outcomes to be
15 reported.

16 (5) The protocol shall include a mechanism to provide
17 the department and the Agency for Health Care Administration
18 with periodic management reports.

19 (6) Assessment and diagnostic procedures shall meet
20 any minimum standards established by federal law and shall
21 provide guidance on screening instruments which are
22 appropriate for identifying mental health risk factors in
23 children.

24 (7) Duplicative and inefficient screening, assessment,
25 diagnostic, and planning practices shall be eliminated to the
26 extent possible. Diagnostic and other information necessary to
27 provide quality services to children shall be shared among the
28 Agency for Health Care Administration, the program offices of
29 the department, the district school systems, and the
30 Department of Juvenile Justice.

31

1 Section 13. Effective July 1, 1997, section 394.493,
2 Florida Statutes, is created to read:

3 394.493 Assessment services.--

4 (1) The department shall work cooperatively with
5 mental health providers, substance abuse providers, schools,
6 health services providers, law enforcement agencies, and other
7 entities involved with children to establish uniform
8 assessment services in each district.

9 (2) Assessment services shall provide initial
10 screening of children, including intake and needs assessment,
11 mental health screening, substance abuse screening, physical
12 health screening, and diagnostic testing to determine
13 eligibility, as needed.

14 (3) Children in need of mental health services who, as
15 a result of screening and assessment, do not meet the criteria
16 for referral to a services planning team or case management,
17 as established in protocol pursuant to s. 394.4925, may be
18 referred directly to a provider for needed services. A direct
19 referral from assessment services shall include a clear
20 recommendation for the most appropriate provider, duration,
21 and frequency of services and the outcomes to be reported.

22 (4) Children in need of emergency mental health
23 treatment shall be treated in accordance with the provisions
24 of part I. Within 72 hours after the initiation of emergency
25 treatment, if it appears that the child will be in need of
26 state-supported mental health services, the child shall be
27 referred to the designated assessment center.

28 (5) The department may use existing assessment centers
29 as established in s. 39.0471, or other existing processes and
30 facilities, to fulfill the requirements of this section.

31

1 (6) The department may contract for assessment
2 services.

3 (7) A district may have multiple assessment services
4 providers.

5 Section 14. Effective July 1, 1997, section 394.4935,
6 Florida Statutes, is created to read:

7 394.4935 Services planning teams.--

8 (1) The department shall establish in each district
9 children's mental health services planning teams. The
10 department shall assign a coordinator to each services
11 planning team from a list of approved and qualified
12 coordinators. The coordinators shall be chosen and determined
13 qualified by the department through a request for proposal for
14 the services planning team coordination function.

15 (2) Membership in the services planning team shall, at
16 a minimum, include: the child's parent, caregiver, or
17 guardian; the child, if the child is over 11 years of age and
18 capable of participation; and the department or its designee.
19 The team shall be formed around each child and may include
20 relatives, the child's teacher or other school representatives
21 familiar with the child's case, mental health professionals,
22 and others from the child's community if the child's parent,
23 caregiver, or guardian agrees.

24 (3) The purpose of a services planning team is as
25 follows:

26 (a) To assist the family and other caregivers to
27 develop and implement a workable case plan for treating the
28 child's mental health problems.

29 (b) To use all available resources in the community.

30 (c) To maintain the child in the most normal
31 environment as close to home as possible; and to maintain the

1 child in a stable school placement consistent with child's
2 safety needs, if the child has been removed from home and
3 placed in state custody.

4 (d) To ensure the ability and likelihood of family
5 participation in the treatment of the child, as well as
6 enhancing family independence.

7 (4) When a child has met the criteria, as established
8 by the department, that indicates a referral to a services
9 planning team, the services planning team shall:

10 (a) Determine the need for a services plan and, if
11 needed, develop a services plan.

12 (b) Determine the need for an independent case manager
13 and, if needed, designate an independent case manager for the
14 child and family receiving services.

15 (5) The independent case manager assigned shall not be
16 affiliated with any provider of services for the child and
17 shall be responsible for the successful implementation of the
18 case plan.

19 (6) The department may contract for services planning
20 teams.

21 Section 15. Effective July 1, 1997, section 394.494,
22 Florida Statutes, is created to read:

23 394.494 Services plan and case management.--

24 (1) The department shall determine when a child
25 receiving children's mental health services under this part
26 shall have a services plan.

27 (2) For the purpose of this section, a services plan
28 must include the following:

29 (a) A behavioral description of the problem being
30 addressed.

31

1 (b) A description of the services to be provided to
2 the child and family to address the identified problem,
3 including:

- 4 1. Type of services or treatment.
- 5 2. Frequency and duration of services or treatment.
- 6 3. Location of the services or treatment.
- 7 4. The accountable services provider.

8 (c) A description of the measurable objectives of
9 treatment that result in measurable improvements of the
10 child's condition pursuant to s. 394.4915.

11 (3) A services plan shall be developed in conference
12 with the parent or guardian. Any parent who believes that the
13 plan is not adequate may request a review of the plan by the
14 department or its designee.

15 (4) A services plan shall be reviewed at least every
16 90 days for programmatic and financial compliance.

17 (5) For the purposes of this section, case management
18 means those activities aimed at: implementing a services plan;
19 advocacy; linking services providers to a child and family;
20 monitoring services delivery; and collecting information to
21 determine the effect of services and treatment.

22 (6) Upon approval of the services plan, the case
23 manager shall purchase or arrange for needed services to
24 fulfill the requirements and achieve the objectives of the
25 services plan.

26 (7) Services shall be purchased by the case manager
27 through a purchase-of-services system from approved providers
28 as identified by the department. The case manager shall
29 consult with the services planning team to determine the most
30 appropriate providers.

31

1 (8) The independent case manager shall periodically
2 review services utilization for a sample of cases to ascertain
3 compliance with plans approved by the planning team. The
4 agency and the department are authorized to recover
5 expenditures for unauthorized services and may impose an
6 administrative fine, pursuant to s. 394.879, against a
7 provider agency for substantial noncompliance.

8 (9) The department shall establish a policy and a
9 system to coordinate case management activities from various
10 referral points, in order to minimize fragmentation and
11 duplication and promote stability of case managers assigned to
12 a child and family. In the attempt to minimize duplication, it
13 is the intent of the Legislature that a child have no more
14 than one mental health case manager.

15 Section 16. Effective July 1, 1997, section 394.4945,
16 Florida Statutes, is created to read:

17 394.4945 Children's mental health system of care;
18 programs and services.--

19 (1) The department shall establish, within available
20 resources, a system of care to meet the services and treatment
21 needs of children with a serious emotional disturbance or an
22 emotional disturbance, or children at risk of an emotional
23 disturbance or mental illness.

24 (2) The system of care shall, at a minimum, include,
25 but is not limited to, the following program and services:

26 (a) Prevention services.--These services consist of
27 strategies to prevent or reduce the incidence of emotional
28 disturbance in the community.

29 (b) Home-based services.--These services are delivered
30 in the home and involve the child and the family. These
31 services include counseling, individualized treatment and

1 services, support services, case management, and multisystemic
2 therapy. For the purposes of this section, multisystemic
3 therapy means services delivered by a team of mental health
4 professionals able to combine individual counseling and work
5 with the child's family, school, peer group and community, in
6 an intensive fashion to avoid out-of-home placement.

7 (c) School-based services.--These services provide
8 support to the child and teacher at the school site.

9 (d) Respite and family support.--These services
10 provide the family with assistance to meet the intense demands
11 of caring for their child with an emotional disturbance.

12 (e) Outpatient treatment.--These services provide
13 individual, group, and family therapy in a community mental
14 health center or other setting.

15 (f) Day treatment.--These services provide a
16 nonresidential setting and require the child to be in the
17 program all day or for a major part of the day.

18 (g) Crisis stabilization.--These services provide a
19 brief residential setting for children voluntarily or
20 involuntarily admitted during a time of crisis.

21 (h) Therapeutic homes.--These services provide a
22 family or group-home setting and include other nonresidential
23 and school services.

24 (i) Residential treatment.--These services are
25 provided in a nonhospital residential setting.

26 (j) Inpatient hospitalization.--These services are
27 provided in a residential hospital setting.

28 (k) Child sex offender victim services.--These
29 services are provided in a nonresidential and residential
30 program with specific treatment capacity and specific program
31 capabilities for this population.

1 (1) Transitional services.--These services provide for
2 successful entry into the adult world of work and independent
3 living for older adolescents.

4 Section 17. Effective July 1, 1997, section 394.495,
5 Florida Statutes, is created to read:

6 394.495 Children's mental health provider
7 qualification; market rate reimbursement and
8 purchase-of-services system.--

9 (1) When used in this section, the term:

10 (a) "Children's mental health care provider
11 qualification process" means an assessment process designated
12 or developed by the department to determine children's mental
13 health providers that meet existing relevant licensing
14 requirements, qualifications, standards, and training
15 requirements for specific services and programs. The
16 department shall only purchase services from providers
17 approved by the department or from qualified Medicaid
18 providers.

19 (b) "Market rate" means the price that a children's
20 mental health provider charges for services or treatment. The
21 market rate shall differentiate as much as possible among the
22 target populations as defined in this part. Market rate shall
23 be established for the system of care that shall, at a
24 minimum, include, but is not limited to, the following
25 programs and services:

- 26 1. Prevention services.
- 27 2. Home-based services.
- 28 3. School-based services.
- 29 4. Respite.
- 30 5. Outpatient treatment.
- 31 6. Day treatment.

1 7. Crisis stabilization.
2 8. Therapeutic homes.
3 9. Specialized therapeutic foster care homes.
4 10. Residential treatment.
5 11. Inpatient hospitalization.
6 12. Child sex offender victim services.
7 (c) "Prevailing market rate" means the annually
8 determined 75th percentile of a reasonable frequency
9 distribution of market rate in a predetermined geographic
10 market at which mental health providers charge for a service
11 or treatment.
12 (2) The department shall establish a
13 purchase-of-services system to reimburse qualified providers,
14 including community mental health centers and professionals
15 licensed pursuant to chapters 458, 459, 490, and 491.
16 (a) To the extent that funding is available, the
17 department shall negotiate with providers for the most
18 competitive rates available.
19 (b) Reimbursement rates to providers shall not exceed
20 the prevailing market rate for services in a predetermined
21 geographic market.
22 (c) The payment system may not interfere with the
23 parents' decision as to the appropriateness of the services.
24 (d) The department shall develop specific
25 reimbursement, accounting, and monitoring systems to ensure
26 the validity of charges for services from providers.
27 (e) The department shall make timely payments as
28 required by applicable law for services rendered by a
29 provider.
30 Section 18. Effective July 1, 1997, section 394.496,
31 Florida Statutes, is created to read:

1 394.496 Children's Mental Health Partnership Grants.--
2 (1) It is the intent of the Legislature to:
3 (a) Promote public/private partnerships to ensure that
4 children 12 years of age and under who are at risk of an
5 emotional disturbance or mental illness have the opportunity
6 to participate in programs and activities that will reduce
7 risk factors and strengthen protective factors. It is the
8 intent of the Legislature that communities be encouraged to
9 invest in innovative ways to assist these children to
10 successfully function in their families, schools, and
11 communities.
12 (b) The Legislature further recognizes that the public
13 and private sectors, by working in partnership, can promote
14 and improve access to these programs and activities.
15 (2) There is created the Children's Mental Health
16 Partnership Grants. The purpose of the Children's Mental
17 Health Partnership Grants is to utilize state funds as
18 incentives for matching local funds derived from local
19 governments, charitable foundations, and other sources, so
20 that Florida communities may create local flexible
21 partnerships to serve children 12 years of age and under who
22 are at risk of an emotional disturbance or mental illness.
23 (a) Children's Mental Health Partnership Grants funds
24 shall be used at the discretion of local communities to meet
25 the needs of local communities in addressing risk factors in
26 this population.
27 (b) Within available resources, Children's Mental
28 Health Partnership Grants funds shall provide a
29 dollar-for-dollar match from funds derived from local
30 governments, charitable foundations, and other matching
31 contributors.

1 (c) The Children's Mental Health Partnership Grants
2 funds shall be used for specific programs and activities to
3 address risk factors in this population.

4 (3) The department shall establish a grant application
5 process for the Children's Mental Health Partnership Grants.

6 (a) In order to be considered for the Children's
7 Mental Health Partnership Grants, the community shall commit
8 to:

9 1. Matching the grant funds on a dollar-for-dollar
10 basis; and

11 2. Expending the funds only on the programs or
12 activities delineated in the grant application.

13 (b) Each grant application shall delineate performance
14 outcomes and performance measures for each program or activity
15 funded.

16 (4) The department shall consider the following in
17 awarding such grants:

18 (a) The number of children in the target population
19 within the geographical area to be served by the program.

20 (b) The validity and cost-effectiveness of the
21 program.

22 (c) The validity of the performance outcomes and
23 measures, in measuring the impact of the program on the target
24 population.

25 (5) The department shall make available to anyone
26 wishing to apply for such a grant information on all of the
27 criteria to be used in the selection of the proposals for
28 funding pursuant to the provisions of this section.

29 (6) If no funds are appropriated for the purpose
30 delineated in this section, the department may reallocate up
31

1 to 10 percent of the funds appropriated for children's mental
2 health to fund Children's Mental Health Partnership Grants.

3 Section 19. Effective July 1, 1997, section 394.497,
4 Florida Statutes, is created to read:

5 394.497 Contracting powers.--

6 (1) The department is authorized to contract with
7 receiving facilities and crisis stabilization units to provide
8 emergency stabilization for persons in crisis situations.

9 (2) The department and the Agency for Health Care
10 Administration are authorized to contract for services or
11 other functions or to preauthorize the purchase of services or
12 other functions, as necessary to address any limitations
13 imposed by:

14 (a) The supply of the service or function.

15 (b) The availability of the service or function.

16 (c) The capacity or capability of a district to
17 implement the provisions of this part.

18 (d) Other conditions imposed by the service market.

19 (3) It is the intent of the Legislature that the
20 purchase-of-services system as delineated in s. 394.495 be the
21 primary method to acquire needed services for the target
22 population and that other methods available to the department
23 to secure services be judiciously applied by the department.
24 On an annual basis, the department shall provide a report to
25 the Legislature, as part of the requirement to report
26 performance outcome and performance measures pursuant to s.
27 216.0166, indicating statewide, and for each district,
28 utilization statistics and service type, and monetary value of
29 purchase of services, contracts, performance contracts, and
30 preauthorized purchase of services to secure services for
31 children as delineated in this part.

1 Section 20. Effective July 1, 1997, section 394.499,
2 Florida Statutes, is created to read:

3 394.499 Rules and related policy; federal waivers.--

4 (1) The department or the Agency for Health Care
5 Administration may apply for federal waivers that further
6 facilitate the policy for the administration and operation of
7 the children's mental health system as provided in this part.

8 (2) The department shall adopt a specific rule for a
9 process to resolve conflict or disagreement that arises
10 regarding the treatment of a child, among a provider, case
11 manager, services planning team, and other relevant parties.

12 Section 21. Effective July 1, 1997, the introductory
13 paragraph and paragraph (c) of subsection (8) of section
14 411.203, Florida Statutes, are amended, subsection (9) is
15 renumbered as subsection (10), and a new subsection (9) is
16 added to said section, to read:

17 411.203 Continuum of comprehensive services.--The
18 Department of Education and the Department of Children and
19 Family Health and Rehabilitative Services shall utilize the
20 continuum of prevention and early assistance services for
21 high-risk pregnant women and for high-risk and handicapped
22 children and their families, as outlined in this section, as a
23 basis for the intraagency and interagency program
24 coordination, monitoring, and analysis required in this
25 chapter. The continuum shall be the guide for the
26 comprehensive statewide approach for services for high-risk
27 pregnant women and for high-risk and handicapped children and
28 their families, and may be expanded or reduced as necessary
29 for the enhancement of those services. Expansion or reduction
30 of the continuum shall be determined by intraagency or
31 interagency findings and agreement, whichever is applicable.

1 Implementation of the continuum shall be based upon applicable
2 eligibility criteria, availability of resources, and
3 interagency prioritization when programs impact both agencies,
4 or upon single agency prioritization when programs impact only
5 one agency. The continuum shall include, but not be limited
6 to:

7 (8) SUPPORT SERVICES FOR ALL EXPECTANT PARENTS AND
8 PARENTS OF HIGH-RISK CHILDREN.--

9 (c) Parent education and counseling, including, but
10 not limited to, methods to stimulate brain development in
11 infants and toddlers.

12 (9) FAMILY BEHAVIORAL AND SKILL TRAINING FOR PARENTS
13 AND OTHER CAREGIVERS.--

14 (a) The development of specific parental skills,
15 particularly problem-solving skills, to help a parent better
16 handle crises and stresses.

17 (b) Parental or caregiver activities to promote a
18 child's sense of identity and self-esteem.

19 (c) Strategies to increase the likelihood that
20 children learn favorable behaviors.

21 (d) Strategies to decrease inappropriate or
22 unfavorable childhood behaviors.

23 Section 22. Effective July 1, 1997, paragraph (c) of
24 subsection (5) of section 411.204, Florida Statutes, is
25 amended to read:

26 411.204 Program evaluation design and conduct;
27 independent third-party evaluation.--

28 (5)

29 (c) The uniform evaluation design system shall
30 include, but not be limited to, the following:

31

1 1. Activities and programs related to intraagency and
2 interagency coordination and to the State Coordinating Council
3 for Early Childhood Services established pursuant to s.
4 411.222.

5 2. Evaluation of the management systems and procedures
6 for the continuum as set forth in s. 411.203~~(10)(9)~~(f).

7 3. Activities and prototypes related to comprehensive
8 services for high-risk infants and toddlers and their families
9 as specified in part III.

10 4. Program evaluation of ss. 230.2303, 402.27, 402.28,
11 402.45, and 402.47 and other programs directly related to the
12 intent of this chapter.

13
14 Such evaluation design system shall be based upon the
15 achievement of desired outcomes resulting from prevention or
16 early intervention efforts.

17 Section 23. Effective July 1, 1997, sections 394.50,
18 394.56, 394.57, 394.58, 394.59, 394.60, 394.61, and 394.62,
19 Florida Statutes, are hereby repealed.

20 Section 24. The Department of Children and Family
21 Services shall implement the provisions of part III of chapter
22 394, Florida Statutes, as contained in this act, in each
23 district of the department by July 1, 1998.

24 Section 25. Except as otherwise provided herein, this
25 act shall take effect January 1, 1998.

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HOUSE SUMMARY

Revises responsibilities and requirements of the Department of Children and Family Services, and the program offices and service districts thereof, relating to standards of performance for, and procurement and evaluation of, contracts and services, to ensure effectiveness and accountability of the department's contracting system and provision of services. Requires annual reports to the Legislature. Specifies conditions requiring competitive procurement of contracts for services. Authorizes multi-year contracts, contracts for systems of treatment or services from multiple providers, and involvement of nongovernmental funding entities. Authorizes penalties and sanctions against contractors, and cancellation of contracts, for failure to meet performance standards. Provides requirements for performance-based, purchase-of-service, and start-up contracts. Provides for training and assistance for department employees in contract negotiation and management, and authorizes certain departmental personnel and budget flexibility therefor.

Repeals provisions relating to children's residential and day treatment centers. Establishes a children's mental health system of care, to be implemented by the Department of Children and Family Services beginning July 1, 1998. Provides guiding principles and definitions. Defines target populations. Provides general performance outcomes to be achieved. Directs the department and the Agency for Health Care Administration to establish an information and referral process. Directs the department, agency, Department of Health, Department of Education, and Department of Juvenile Justice to establish uniform standards and protocols for screening, assessment, and diagnosis. Provides for uniform assessment services in the department's districts. Provides for district children's mental health services planning teams. Specifies requirements for services plans and case management. Provides an administrative penalty for noncompliance. Specifies minimum programs and services. Establishes a children's mental health provider qualification process, and provides for market rate reimbursement and a purchase-of-services system. Provides for Children's Mental Health Partnership Grants to promote programs and activities for certain children at risk. Authorizes department and agency contracts for services. Provides for rules and related policy, and authorizes application for federal waivers. Provides for family behavioral and skills training for parents and caregivers.